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VOLUNTEER APPLICATION

(applications remain active for 6 months)

CONTACT INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Best time to call:
 Day Evening

Email Address _____

Employer/school/organization _____ Occupation _____

VOLUNTEER INTEREST

Please check all in which you have an interest of volunteering

- | | |
|--|---|
| <input type="checkbox"/> Working directly with an community member | <input type="checkbox"/> Advocate/Guardian for a Goldenrod community member |
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Grounds keeping |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Phone Support | <input type="checkbox"/> * Project Promise |
| <input type="checkbox"/> Basic Maintenance | <input type="checkbox"/> Lawn Mowing |
| <input type="checkbox"/> Spring Cleaning | <input type="checkbox"/> Data Entry/Filing |
| <input type="checkbox"/> Hosting a meal/event | <input type="checkbox"/> Chaplain |
| <input type="checkbox"/> Snow Removal | <input type="checkbox"/> Event Organizing |

** Project Promise is a program of Goldenrod that focuses on the spiritual and social growth of Goldenrod community members.*

Please list any jobs/experiences working with individuals with developmental/intellectual disabilities:

Please share your hobbies/special interests:

Please indicate your availability:

- Weekdays
- Weeknights
- Weekends

BACKGROUND INFORMATION

Date of birth (required): _____

Have you ever been convicted of a criminal offense? Yes No

Have you ever been charged with neglect, abuse or assault Yes No

Has your drivers' license ever been suspended or revoked in any state? Yes No

If you answers "Yes" to any of the above questions please explain:

If you plan to transport Goldenrod community members, drive Goldenrod vehicles or may do so in the future, you must provide driver's license information. If not, please skip to references.

Do you currently have a valid driver's license? Yes No

Please provide driver's license number: _____ State issued: _____

REFERENCES

Please list two non-family member references below: (Please list complete address)

Name:	Relationship:	
Address:	How long have you known this person?	
City:	State:	Zip:
Phone:	Email:	

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Address:	How long have you known this person?	
City:	State:	Zip:
Phone:	Email:	

APPLICANT'S STATEMENT

1. Goldenrod is working to create community with people of all abilities. Therefore as a volunteer I will do my best to respect, support and empower the Goldenrod community members, staff and volunteers with whom I come in contact.
2. The information that I have provided may be verified by a background check, a motor vehicle record check, or any other means deemed appropriate. I give my permission to Goldenrod to make inquiries of others concerning my suitability to act as an Goldenrod volunteer.
3. The relationship between Goldenrod and volunteers is an "at will" arrangement and this application may be denied or the relationship terminated for any reason by either party.
4. In the course of volunteering for Goldenrod, I may be dealing with confidential information and I agree to keep said information in the strictest confidence.
5. I give Goldenrod permission to use my likeness, voice, and words in television, radio or any other format to promote its activities
6. I affirm that I have read the above and that the information I have given is true and complete.

By your signature below, you hereby authorize us to obtain your background history report and driving record in order to consider you for a volunteer position.

Signature: _____ Date: _____

Social Security Number (required for background history report) _____

For office use only:

Interviewer name: _____

Signature: _____ Date: _____

Executive Director

Verification Signature: _____ Date: _____